

Case Number:	CM14-0204009		
Date Assigned:	12/16/2014	Date of Injury:	07/22/2014
Decision Date:	02/10/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year old male continues to complain of knee pain stemming from repetitive motion necessary to perform his job, and reported on 7/22/2014. Diagnoses include: strain left knee, tendonitis; left knee medial meniscal tear; myoid degeneration of the lateral meniscus; and large bone bruise lateral femoral condyle. Treatments have included consultations; diagnostic x-ray of the left knee (7/22/14); diagnostic MRI of the left knee (8/1/14); and medication management. The injured worker was noted to be on work restrictions, of desk work only. Progress notes, dated 8/26/2014, show the injured worker saying his knees were doing much better; however he still had left knee pain and was awaiting his urgent request for an orthopedic evaluation (8/8/14). Objective findings noted mild-to-moderate tenderness with minimum effusion in the left knee, > medial than lateral joint line, and positive McMurray test. Ambulation was noted to be with mild guarding. Diagnosis included left knee strain and medial meniscus tear in the left knee. The treatment plan included an x-ray of the left knee; MRI of the left knee (9/1/14); transfer of care to the specialist; and Naproxen. No change in work status, from desk work only until seen by the specialist, was noted. The 9/1/14 MRI noted no fracture; bruises to the large bone involving the lateral femora condyle; small curvilinear line through the lateral tibial plateau near the proximal tibiofibular joint; mild edema; and questionable tiny non-displaced fracture on the medial side; and a horizontal tear through the posterior horn of the medial meniscus with myxoid degeneration in the lateral meniscus. Impressions included; medial meniscal tear; myxoid degeneration lateral meniscus; large bone bruise lateral femoral condyle; and questionable, small non-displaced fracture lateral tibial plateau adjacent to the tibiofibular joint. The Orthopedic Surgeon progress notes, dated 10/27/2014 show complaints of left knee pain mostly over the medial aspect, with tenderness on the lateral side; and that rest was the only thing that helped. Review of the left knee MRI was stated. Diagnosis include: left knee medial meniscus tear; left

knee lateral femoral condyle and lateral tibial plateau bone bruise versus non-displaced stress fracture. The impression of this evaluation was noted to support that the left knee pain was most likely related to the repetitive force across his knee while going up and down stairs, and that there was no real significant symptomatology to the medial meniscus tear. The treatment plan included a repeat MRI for determination of healing to the stress fracture of the lateral femoral condyle and lateral tibial condyle; physical therapy and trial of exercise. It was felt that there was a good chance no surgery would be required, but would require an unloading knee brace and loss of weight. The work status was noted to be temporary total disability. A prescription for left knee MRI to rule out persistent stress fracture was provided. On 11/21/2014, Utilization Review non-certified, for medical necessity, a request for a repeat MRI of the left knee, without dye, citing MTUS & ACOEM guidelines which state that relying only on imaging studies to evaluate the source of knee symptoms may carry a significant risk for diagnostic confusion with false-positive results, and identifying a problem that was present before symptoms began. ODG guidelines recommend MRI for acute trauma to the knee, or if posterior knee dislocation and ligament or cartilage disruption is suspected. The reviewer stated that not enough clinical information was provided to establish medical necessity for this request. A Request for Authorization, dated 11/27/14, from the orthopedic surgeon, notes a left knee fracture and request for MRI to evaluate fracture healing was included in the medical records for my review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee & Leg>, <MRI's (magnetic resonance imaging)>.

Decision rationale: The patient presents with left knee pain mostly over the medial aspect with tenderness of the lateral side. The current request is for MRI of the left knee. The treating physician report dated 10/27/14 (50) states that request for "MRI to determine whether or not his stress fracture of the lateral femoral condyle and lateral tibial condyle has healed. If there is significant healing, we will move forward with physical therapy and trial of exercise." The physician also states in this report that the patient "also has a medial meniscus tear but that I do not think that it is significantly symptomatic." MTUS guidelines do not address repeat MRI scans. ODG states that MRI scans are recommended for soft tissue injuries. Concerning repeat MRIs ODG states "Repeat MRIs are recommended if need to assess knee cartilage repair tissue." In this case, the treating physician's request is not consistent with ODG guidelines. Therefore, the request is not medically necessary.